#### FLAGSTAFF PARKS & RECREATION

211 W. Aspen Flagstaff, AZ 86001

Phone: (928) 779-7690 FAX: (928) 213-4830



# VOLUNTEER APPLICATION

|                 | AGENCY USE ONLY |    |     |  |
|-----------------|-----------------|----|-----|--|
|                 | AGENOT GGE GNET |    |     |  |
| Name            |                 |    |     |  |
| Address         | City            | St | Zip |  |
| Phone (H)       | (W)             |    |     |  |
| Site Assignment |                 |    |     |  |
| Site Supervisor |                 |    |     |  |
| Start Date      | End Date        |    |     |  |

#### **VOLUNTEER INFORMATION FORM**

| Thank you for your interest in volume may notify you of upcoming of |                                    |             |              | Please complete the following information so most satisfying. |
|---|------------------------------------|-------------|--------------|---|
| First Name:   | Middle:                            |             | L            | ast Name:   |
|   | lickname:                          |             |              |   |
|   |                                    |             |              |   |
| -   |                                    |             |              | Zip:  |
| Home Phone: ()  |                                    | Work        | Phone: (     | _)  |
| FAX Number: ()  |                                    | Alterr      | ate Phone:   | ()  |
| E-Mail Address:   |                                    |             |              | Date of Birth://  |
| Emergency Contact:  |                                    | Em          | ergency Co   | ontact Phone: ()  |
| What are the best times to reac                                     | h you by phone?                    |             |              |   |
| What tasks are you not interest                                     | ed in or have difficult            | y performiı | ng?          |   |
| What are your reasons for beco                                      | oming a volunteer?                 |             |              |   |
|   |                                    |             |              |   |
| CUF   | RRENT/PREVIOU<br>(Begin with prese |             |              | _   |
| AGENCY  | Address                            | То          | FROM         | Duties  |
|   |                                    |             |              |   |
|   |                                    |             |              |   |
|   |                                    |             |              |   |
|   |                                    |             |              |   |
|   |                                    |             |              |   |
|   |                                    |             |              |   |
|   |                                    |             |              |   |
|   |                                    |             |              |   |
|   |                                    |             |              |   |
| Please list the names, occupati                                     | ons, and telephone no              | umbers of   | three persor | ns ( <u>not</u> related to you) as personal                   |
| Name  | Occupatio                          | n           |              | Phone Number  |
| Name  | Occupatio                          | n           |              | Phone Number  |
| Name  | Occupatio                          | n           |              | Phone Number  |

#### **CURRENT/PREVIOUS WORK HISTORY**

(Begin with present or most recent position)

| Your Job Title                       |           |                                     |   |          |        |                |
|--------------------------------------|-----------|-------------------------------------|---|----------|--------|----------------|
| Name of Employer                     |           | Dates of Employment                 |   | to       |        | - <del> </del> |
|                                      |           |                                     | Month   | Yr.      | Month  | Yr.            |
| Address                              |           | City                                |   | State    |        | Zip            |
| Employer Telephone Name of Employ    | yer       | Supervisor's Name                   | Supervisor's Name                             |          |        |                |
|                                      |           |                                     |   |          |        |                |
| Your Job Title                       |           |                                     |   |          |        |                |
| Name of Employer                     |           |                                     | Dates of Employment to Month Yr. Month Yr.    |          |        |                |
| Address                              |           | City                                |   | State    |        | Zip            |
| Employer Telephone Name of Employ    | -         |                                     |   |          |        |                |
|                                      |           |                                     |   |          |        |                |
| Your Job Title                       |           |                                     |   |          |        |                |
| Name of Employer                     |           | Dates of Employment                 | Dates of Employment to<br>Month Yr. Month Yr. |          |        |                |
|                                      |           | _                                   | VIOITA  |          | WOILL. | 11.            |
| Address                              |           | City                                |   | State    |        | Zip            |
| Employer Telephone Name of Employer  |           | Supervisor's Name                   |   |          |        |                |
|                                      |           |                                     |   |          |        |                |
|                                      | BACKGF    | ROUND INFORMATIO                    | N   |          |        |                |
| Name/ Location of High School        |           |                                     |   |          |        |                |
|                                      | Name      |                                     |   | Location | 1      |                |
|                                      | Graduated | or Currently Attend<br>(Circle One) | ding  |          |        |                |
|                                      |           |                                     |   |          |        |                |
| Name/Location of College/University_ | Name      |                                     |   | Location | 1      |                |
|                                      | Graduated | or Currently Attend<br>(Circle One) | ding  |          |        |                |
|                                      |           |                                     |   |          |        |                |

## TYPES OF PROGRAMS YOU WOULD LIKE TO VOLUNTEER FOR (Check all that apply)

| Youth Summer Programs<br>Park DesignAquaticsA               |   |                       | lsTutoring Therapeutic Recreation<br>Other, Explain   | n<br> |
|---|---|-----------------------|---|-------|
|   | OTHER IN  | FORMATION             |   |       |
|   |   |                       |   |       |
| List any interest   | s, skills or experiences you                                | would like to utilize | during your volunteer time:   |       |
|   |   |                       |   |       |
|   |   |                       |   |       |
|   |   |                       |   |       |
|   |   |                       |   |       |
|   |   |                       |   |       |
| ,   |   |                       |   |       |
| List any certificates y                                     | ou possess that pertain to t                                | he volunteer opportu  | unity in which you are interested:  |       |
|   |   |                       |   |       |
|   |   |                       |   |       |
|   |   |                       |   |       |
| Driver's License #  |   | _ Type of License     |   |       |
|   |   |                       |   |       |
| Have you ever been convicted automatically disqualify the a |   |                       | adult? (Conviction will not   |       |
| understand that should any s                                | tatement I have made prove<br>vices. In submitting this for | to be false, mislead  | mplete to the best of my knowledge.<br>ing, or erroneous, it may result in the<br>nd that it becomes property of the Ci | •     |
|   |   |                       |   |       |
| Signature of Volunteer                                      |   |                       | ate   |       |

### FLAGSTAFF PARKS AND RECREATION VOLUNTEER OPPORTUNITIES

The following volunteer opportunities are <u>currently</u> available. For further information, please call the corresponding coordinator.

| OPPORTUNITY                                 | LOCATION | DUTIES | DAYS | TIMES | COORDINATOR | PHONE<br>NUMBER |
|---|----------|--------|------|-------|-------------|-----------------|
| Please Speak w/<br>Volunteer<br>Coordinator |          |        |      |       |             |                 |
|   |          |        |      |       |             |                 |
|   |          |        |      |       |             |                 |

Let us know if you are interested in any of the below and we will contact you as soon as the need arises.

- Adult Sport League Assistant
- Tournament Assistant
- Teen Counselor
- Guest Speaker
- Story Reader or Teller
- Activity Instructor
- Sports Instructor
- Trails and Signage Steward
- Office Assistant
- City Scape Editor

- City Scape Writer
- Special Event Assistant
- Summer Youth Program Assistant
- Senior Adult Program Assistant
- Volunteer Coordinator
- Teen Hotline Announcer
- Entertainer
- Chaperon
- Youth Sport Program Assistant

Thank you for your interest in volunteering with Flagstaff Parks and Recreation.

Revised 01/04/00